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Worldwide Report

EPIDEMIOLOGY

No. 288

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ANIMAL DISEASES

PLANT DISEASES AND INSECT PESTS

MASS IMMUNIZATION PROGRAM LAUNCHED

Kabul KABUL NEW TIMES in English 3, 6 Jul 82 p 3

[Text]

The aim of the mass immunization campaign is to immunize about 80 per cent of the country's children against tuberculosis, measles, typhoid, tetanus and paralysis by 1995. And the mass immunization department tries to eliminate the diseases completely by immunizing about 80 per cent of women between 15 and 45 years of age, especially the pregnant women, as well as the newborn children against tetanus, an official of the department told Heywad.

The mass immunization programme is carried out in two ways:

1—Vaccination in the framework of the mass immunization department in the Kabul, Kandahar and Pule Khomri zones by 21 mobile teams.

2—By the permanent branches in city clinics, the Mother and Child Care Centre and in the Red Crescent Society clinics in the capital and provinces.

The official added that the department is assisted by the World Health Organisation and the Unicef. Friendly countries, too, assist the department.

The mass immunization department performed the following activities in its three zones in 1360 H.S.

1—The Pule Khomri zone, with seven mobile teams in Balkh, Jauzjan provinces, carried out measles, BCG, polio, DPT and DT vaccinations.

2—In the Kabul zone, with four mobile teams and 21 city clinics, the department carried out the same vaccinations.

In the Kandahar zone, too, the department teams administered the same vaccines to children.

In total, about 1,084,747 persons were given DPT vaccinations.

Through this programme, vaccines are distributed continuously to the public health centre of the provinces. Serious health education propaganda was carried out through pamphlets and leaflets. Some health programmes were also broadcast on the Radio-TV.

According to the official, the department planned to carry out DTWC vaccinations in the current year. So far, it has done so in the cases of over 37,000 students. Last year, it vaccinated about 400,000 persons in the capital and provinces.

Besides, BCG, DT, measles, polio, DPTWT vaccinations are carried out by branches in 21 clinics of the Kabul city and the Mother and Child Care centre.

All these vaccinations in the provinces are carried out by the mobile and permanent clinics of the zones.

CSO: 5400/5328

NUR EYE-CARE HOSPITAL EXPANDS SERVICES

Kabul KABUL NEW TIMES in English 6 Jul 82 p 3

[Text] "With the implementation of the Noor Eye Hospital's current year's development plan, the ground will be prepared for establishment of six specialised eye diseases' treatment sections in six zones in different provinces. They will also start operations this year," an official of the hospital told Kabul New Times recently.

The Noor Hospital was established in 1966. At the beginning it had limited activitity. The hospital functioned within the framework of other hospitals such as the Ave Cina, the Wazir Akbar Khan and the Chaman polyclinics.

It gradually expanded its activities with the passage of time. After the victory of the Saur Revolution, particularly in its new and evolutionary phase, the Noor Hospital, not only greatly expanded its scope of activities but in fact it emerged as the main centre of scientific research and eye treatment in the capital city as well as throughout the country.

Extensive services has been provided by this hospital to people in all corners of the country. And for the first time this hospital has also provided eye treatment in a modern and scientific manner to the patients.

During the span of the year 1981, the hospital received as many as 44,974 patients. Out of this, 4,113 patients were examined and treated free of charge. A total of 3,231 patients on the basis of doctors' advice were given eye glasses, most of which were free of charge. As many as 3,422 patients were operated on and a total of 2,591 were hospitalised and after thorough examinations and treatment received necessary medications. They all left the hospital in good health.

In response to a question, the official said the Noor Hospital at present functions in three fields--the examination and treatment of eye diseases, treatment of eye diseases, training programme and research and evaluation of medical activities conducted at the hospital.

Another phase of activity is its training programme, specifically organised for the training of young doctors in the field of eye diseases and its treatment. The graduates of the Kabul University Medical College specialising

in eye treatment take a three-year internship and training after which they are awarded a specialised eye-treatment diploma.

Likewise, the Noor Hospital has opened a course in refraction in which doctors of the hospital itself are trained. This course will train doctors in diagnosing visibility and specifying glasses for the patients.

Another course for the training of nurses working at the hospital has been opened which will prove very useful in acquainting them with the necessary aspects of treatment of eye diseases.

The hospital has also organised another training programme for the doctors of health centres and a separate similar training programme for its other technical staffs. These programmes aimed at prevention, control and timely treatment of patients are conducted at the various health centres. Each of these programmes will have a positive and constructive affect and will greatly raise the medical knowledge of the staff of such centres.

The third phase of activity of the Noor Hospital is research and evaluation in this field. The hospital has launched a series of measures to that the problems in treatment of eye diseases in Kabul as well as in the provinces of the country are thoroughly evaluated and necessary solutions are evolved. In this sphere the hospital consistently tries to collect necessary and accurate information through continuous surveys to be conducted in all corners of the country.

These include surveys from far-flung areas, villages, in the factories, schools, the mosques and several other places. For realisation of such a widescale survey, the hospital in 1981 began a survey programme in the schools throughout the country, and nationwide research and evaluation of eye diseases will be undertaken by the technical staff of the hospital in the near future.

The hospital official said that the Noor Hospital possesses a well equipped drug store within its premises. Almost all the medicines needed by the hospital are procured and also some are manufactured by the pharmacists of the hospital. Poor patients are given medicine free of charge.

The Noor Hospital also maintains an artificial eye section, a spectacle-making section and an operation theatre which is equipped with modern medical equipment.

In the artificial eye section, artificial eyes are installed in patients. The Noor Hospital also has in its framework an audio-visual section which is busy implementing the institute's health education programme and educating people in measures preventing eye diseases.

Likewise, the hospital has opened a kindergarten within its premises for the upkeep of the children of its staff.

Regarding this year's development plans, the official said the Noor Hospital plans to open six specialised curative and treatment sections in different provinces. "We also hope to launch a trachoma control project in Kabul. And in the future years this project will be operational in all the health networks of the country," he added.

CSO: 5400/5328

BRIEFS

ANTI-TYPHOID MEASURES--Bahrain's anti-typhoid measures are paying off. No new cases of typhoid have been reported on the island for a week. Health officials are still continuing their mass immunisation programme. [Excerpts] [GF191150 Manama GULF DAILY NEWS in English 19 Jul 82 p 5 GF]

CSO: 5400/4733

BANNED MEDICINES, ESSENTIAL MEDICINE LISTED

Dacca THE NEW NATION in English 9 Jun 82 pp 1,8 & 3

[Text] The National Drug Policy was announced Monday with a decision to immediately ban 237 harmful medicines and withdraw 1,500 more described as totally unnecessary within six months from the market.

Announcing the policy at a press conference at the CMLA Secretariat, Health Adviser Major General Shamsul Huq said the harmful drugs would be lifted from the market within one month's time.

The ban comes into effect with the promulgation of an ordinance very soon, he said adding, out of 237 harmful medicines, 200 are locally manufactured and the remaining 37 are imported.

The National Drug Policy already approved by the Council of Advisers was formulated on the basis of a report prepared by an 8-member Expert Committee headed by Prof Nurul Islam, Director, Institute of Post Graduate Medicine and Research (IPGMR).

The Health Adviser flanked by Prof. Nurul Islam and Health Secretary Siddiqur Rahman said, out of about 1700 unnecessary drugs 100 would be modified with slight reformation by eliminating some of their ingredients.

He said half of an estimated amount of Taka 150 crore was spent on unnecessary drugs of various kinds comprising 4140 brands in the country in 1981.

Objectives

Describing the objectives of the drug policy, the Adviser said measures would be taken to decrease the prices of both locally produced and imported medicines and thus bring it down within the purchasing power of the people.

Steps would be taken to ensure the effectiveness and quality of the essential medicines and so that the people may get them easily and at fair prices.

Major General Shamsul Huq said manufacture and import of high-priced medicines would be gradually stopped provided they are considered not essential or necessary from the medical point of view or having suitable alternative.

The Government, under the new drug policy, would extend necessary facilities on priority basis to the local industries in order to achieve self-sufficiency in the manufacture of essential drugs.

The Health Adviser said that ban would be imposed on import, manufacture and sale of those medicines which have been or would be found harmful and unnecessary by medical experts.

Both the multi-national and local enterprises providing medicines to Bangladesh will have to undertake responsibility to ensure manufacture of essential drugs in the country.

Under the drug policy, no foreign proprietary medicines would be allowed to be manufactured under licence in any factory in Bangladesh if the same or similar products are available or manufactured in the country.

Drug Courts

The Health Adviser said that drug courts of necessary numbers having the minimum power of a session court would be set up in the country to punish the persons charged with manufacturing or distributing or selling spurious, or adulterated or substandard drugs.

Measures would also be taken to set up and strengthen the necessary administrative infrastructure with a view to improving the drug administration, medical storage and drug distribution and guarding against wastage and misuse of medicines.

Major General Shamsul Huq said that he had also a meeting with the local manufacturers of drugs who, he said had extended an overwhelming support to the new drug policy.

Meanwhile, when the National Drug Policy was communicated to the Multinational companies "they merely said that they need more time to further discuss the issue," the Adviser said.

He said the report prepared by the Expert Committee was also sent abroad which, he added received high acclamation from some internationally reputed organisations including WHO.

Health for All

The Health Adviser said the present government is committed to World Health Organisation (WHO) slogan "health for all" by the year 2000. In this connection he underscored the need for utilisation of the locally available resources in order to achieve that goal.

Also briefing newsmen on the National Drug Policy and its guidelines the Expert Committee head Prof Nurul Islam said only eight multinational companies dominate the production of drugs in the country.

They produce 75 percent of medicines while 25 mediumsized national companies manufacture 15 percent and the remaining 10 percent is produced by 134 small local companies capable of producing only simple liquid formulations.

In spite of the 177 local pharmaceutical industries, the country imports finished drugs worth Taka 25 to 30 crore every year. Prof Islam said adding that there is a scope to reduce the number of importable items by deleting those which are not essential or the substitutes of which are locally manufactured.

Unani, Ayurvedic and homeopthic drugs are exempted from control under the present drug laws which resulted in proliferation of unethical, harmful and of uncertain quality products.

Prof Nurul Islam said all the pharmaceutical companies were now mainly engaged in formulation and that they procure their raw materials through import involving an annual expenditure of over Taka 60 crore in foreign exchange.

He said incomplete transfer of technology, restrictive business practices and purchase of raw materials by the multinationals at inflated prices from tied sources are detrimental to the national economy.

Although the multi-nationals have the all modern technologies and know-how to produce sophisticated essential drugs in Bangladesh they are engaged mostly in formulation of simple drugs including many useless products like vitamin, mixtures, tonics, gripe water etc. Prof Nurul Islam said.

He said the Drugs Act, 1940 which is the basic drug legislation, is outdated and grossly inadequate. The outdated legal procedure hinders rather than helps prompt prosecution and penalties.

The chairman of the Expert Committee emphatically said that "nobody will die because of the want of medicines in the country if we strict to only 250 essential drugs including 100 life saving medicines."

The Government has released a list, of 150 essential drugs which can be used for primary health care.

Following is the list of the drugs:

1. List of 12 essential drugs for use by the village level health workers:

Aspirin Tab/Paracetamoltab, Chloroquinephosphate tab/Syrup Aluminium Hydroxide Gel tab/Suspention Piperazine tab/Elixir, Glucose Electrolyte Power Ors, Phenoxy Methyl Penicillin (Penicillin V) tab Dry Suspension Ampicillin Cap/ Syrup, Ergo metrine/Methylergometrine Maleate tab, Ferrous Sulphate tab syrup, Ephedrine tab/Elixir, Vitamin-A 200,000 units cap, Chloramphnicol Eye/ Ear/Oint/Drop.

List of additional 33 essential drugs for primary health care up to the thana health complex level.

Paracetamol tab/elixir, pethidine Hydrochloride inj. Sulphadox in with Pyrimethamine tab, Levamisole tab/elisir, Chlorphenamine tab/Elixir/inj, Lidocaine 1 and 2 per cent with or without Adrenaline, Isoniazid with Thiacetazone tab, Streptomycin Sulphate inj., Metronidazole tab/Elixi-/inj., Atropine Sulphate inj., Hyoscine-N-Butyl Bromide tab/inj., Chlorhesidine/Chlorxylenol solution/ cream, Proclaine Penicillin inj., Tetracycline/Oxyteracycline cap/inj/ointment, Phenobarbitone tab/inj.

Diazepam tab/inj., Chlorpromo Azine tab/inj/syrup, IV Saline of various strengths (p.o.9 percent saline, without Dextrose, Dextrose in a water (5, 25,50 per cent), Redistilled water (Pyrogen free) Amps.

Chlorera fluid, Oxytocin inj., Fuorosemide tab/inj., Prednisolone tab, Propranotol tab X/inj., Aminophylline inj/tab, Co-Trimexazole tab./suspension.

Homatropine drops, Dt/Spt/Polo/Tetanol/Diptheria Anititoxin, Ergometrine/Methylergometrine Maleate inj., Tab. Vitamin B Complex/Multi Vitamin Drops (15 ML/vitamin-8, Ung. Salicylic acid and Benzoic acid, Benzyl Benzoate Sapomated.

List of additional 105 essential drugs for use up to tertiary level.

Indometacin Capx/tab, Morphine Sulphate inj. Allpurinol tab, Quinine tab/ Poswer/inj. Corticosteroid eye drop/oint, Diethylcarbamazine tab/suspension, Chloramphenocol skin ointment, Mebandazole tab, Promethazine tab/inj. syrup, Ether Anaesthetic, Procinae Hydrochloride, Suxamethonium inj., Thiopental Sodium (power for injection), Gallamenetriethiedide Tubocurarine inj.

Halothanc, Isoniazid tab, Ethambutol tab, Rifamipicia cap, Dapsone tab, Glibenclaimed, Insulin prpearations, Pilocapine drop 1, 2, 4 percent, Emitine Hydrochloride inj. Sodium Thiosu. phate inj. Trifluperazine Pralidoxime tab/ inj. Sodium Antimony Gluconate inj. Tincture Iodine, Lysol/cresol/Soap solution (surgical), Benzyl penicillin inj. Benzathine Penicillin inj., Erythromycin tab/suspension, Centamycin syrup/drops/ointment, Cloxacillin syrup/ Inj., Ethosuximide cap., Phenytoin ta/cap/elixir, Amitriptylin/ Mortrityline tab, Haloperidol ta/cap, Prochlorperazine tab/inj.

Potassium Chloride inj/tab/syrup, Mannitol solution, Dialysis fluid, Plasma substitute, Sodi-bicarb infusion 7.5 percent of 8.4 percent, Bendrofluazide, Acetazolamide tab, Spironolactone, Barium Sulphate (x-ray grade), Iodipamide 30 and 50 per cent, Iopanoic acid/Iobenzamic acid tab, Acetrixoic acid/Iodized oil inj. Sodium Diatrozoate, Iron-Dextran complex inj. Folic acid tab, Hydrocortisone inj/ointment/cream, dexamethasone inj/tab. Stilbostrol/Diothyesilbyestrol.

Levo/Thyroxin tap, Progresterone Prepartions, Nepmarcazole, Digoxin tab+inj. Diazoxide inj., Methyl-Dopa tab, Glyceryl Trin Itrate tab (Sublingual), Procainamide inj/cap.

Heparin inj. Warfarin sodium tab, teiracaine x/Novosine, Metaraminol inj. Senna tab, Glycerin Suppository, Sulphadimidinta, Ibuprofen tab. Glycerin Suppository, Sulphadimidinta, Ibuprofen tab. Sulphanilamide powder,

Sulphadizine inj., Adrenaline/Epinephrine inj., Neostigmine tab/inj., Sulbutamol tab/elixir/inhaler/inj., Acd Blood Pack (double/triple bag), Tabc, Anti-Rabies vaccine, Polyvalent anti-veninm, Tetanus anti-toxin (minimum 10,000 unit dose), Ampicillin inj, Vitamin B1 inj/tab. Vitamin C tab, Vitamin B12 inj. Vitamin K tab/inj/vitamin K1 inj. Cyclophosphamide tab/inj, fluoroUnacil inj/cap/pointment Methotrexate tab/ inj. Busulphan tab, Vincristine inj. Nitrogen mustard inj. Soxorubicin inj. Hlorambucil, Flurescien eye drop 1 per cent. Clofazimine tab, Calciferol, Grise ofulvin tab, Pyrazinamide Plaster of paris, Zinc oxide adhesive bandage.

CSO: 5400/5668

BRIEFS

ANTI-DENGUE SUCCESS--The intensified aedes mosquito control activities carried out by the Ministry of Health during the dengue threat last year met with considerable success, according to Senior Medical Officer of Health, Dr A. Vaugh Wells. The doctor stated that no cases of dengue fever were reported in Barbados in 1980 and only six cases were reported during 1981. Although fogging of streets and other places has been discontinued, routine control activities were keeping the aedes aegypti population within acceptable levels. [Excerpt] [Bridgetown ADVOCATE-NEWS in English 25 Jun 82 p 9]

CSO: 5400/7567

BRIEFS

POLIO PREVENTION PROGRAM--Roseau, Dominica, Tuesday (CANA)--Dominica has embarked on an anti-polio campaign aimed at youth people between the ages of 5 and 19, but the Ministry of Health has said there is no outbreak of the disease here. Oral vaccine is being distributed to schools throughout the island in an effort to prevent an outbreak similar to Jamaica's. [Text] [Bridgetown ADVOCATE-NEWS in English 23 Jun 82 p 1]

CSO: 5400/7567

INCIDENCE OF ONCHOCERCIASIS DECLINING IN NORTHERN REGION

Accra DAILY GRAPHIC in English 7 Jul 82 p 4

[Article by George Sydney]

[Text]

NINETY-FIVE per cent of people who become blind yearly through anchocerciasis (river blindness) in the Northern Region are peasant farmers who are engaged in food cultivation on fertile lands along rivers to feed themselves and the urban centres.

The infected areas include villages around the White Volta and its tributaries, the Daka river flowing through Yendi, Salaga and their surrounding villages, the River Oti flowing near Damango as well as villages near the Black Volta in the region.

The people contract the disease because the simulium fly which transmits river blindness breeds in the fast-flowing rivers in the area. The result is that food production in these areas is dwindling due to the poor health of the people.

The situation is also responsible for the inability of children of school-going age to attend schools since they have to lead their blind parents around the villages.

Those children who enter school sooner or later develop eye troubles and had to stop their education.

Fishermen around the rivers are also not spared by the disease as every year some of them become affected.

However, under an anchocerciasis control programme involving seven West African countries in the Volta Basin including Ghana, active attempts are being made to control the breeding of the simulium fly.

During an interview with the programme manager at the headquarters of the Ghanaian unit of the programme in Tamale yesterday, he said 75 per cent of the unit's total efforts was geared towards eliminating larvae and adult simulium flies through spraying the rivers since there were no effective drugs for the treatment of the disease.

The programme manager, Mr K. B. Akpoboua, said two drugs which were available for treatment namely "banocide" and "suramin" could not be used for large scale treatment because of side effects and hinted that research was in progress to produce more suitable and effective drugs.

Mr Akpoboua said since the inception of the programme in the region in 1974, the incidence of river blindness in the area had fallen to one out of every 100 peasant farmers but could not give the previous figures.

He said in other infected zones in the Volta Basin, the incidence of river blindness was still as high as 10 out of every 100 people annually.

According to the programme manager, skin tests carried out in affected areas in the region indicated that all children who were born after the inception of the programme have not been affected by the disease.

CSO: 5400/5679

BRIEFS

CHOLERA OUTBREAK--A cholera outbreak in the Achim Dada area has claimed the lives of eight people. Several others from Abuabu Anumasi and Apradi are on admission at the Oda Government Hospital. This was disclosed by the senior medical officer in charge of the hospital, Dr Daniel, when he inaugurated the hospital's interim management committee. He attributed the present situation to lack of drugs which has prevented the medical team from rendering effective service. Dr Daniel, therefore, appealed to the authorities to take urgent steps to improve the situation. Meanwhile, a team from the environmental protection unit is educating the people environmental cleanliness to provide the spread of the disease. [as printed] At Odumasi Krobo four people are reported dead from the disease during the past 7 days at the Atia Government Hospital. According to the senior medical hospital in charge, Dr Li Wang, (?60) cases were reported at the hospital. Dr Li Wang confirmed report that Akonsombo had been declared a restricted area following the outbreak of the disease there. Meanwhile, the operation of chop-bars [African restaurant] and selling of cooked or fried food by the wayside is banned in the area. [Text] [AB142152 Accra Domestic Service in English 2000 GMT 14 Jul 82]

CSO: 5400/5673

BRIEFS

TWO MALARIA CASES--Two tourists, who arrived at the Hadassah Hospital suffering from high fever, have been diagnosed as being sick with malaria. From a check conducted by the Health Ministry it emerged that the two tourists and two of their friends had slept on the beach in Elat near the border with Jordan. Judging by the time that passed since then and until the diagnosis, it is conjectured in the Health Ministry that the two were apparently bitten by a single mosquito. [TA151106 Tel Aviv HA'ARETZ in Hebrew 15 Jul 82 p 8]

CSO: 5400/4731

BRIEFS

CHOLERA IN SARAWAK--Kuching, East Malaysia, 6 July (AFP)--A total of 40 cases of cholera have been confirmed in Malaysia's eastern state of Sarawak and four people have died since the disease broke out earlier this year, the medical department announced today. A spokesman added that health teams from the medical department had detected a further 42 carriers found to 171. He said that all the carriers were from remote villages and he added that the 40th case of cholera was confirmed last Sunday. [Text] [Hong Kong AFP in English 1559 GMT 6 Jul 82 BK]

DENGUE CASES--Nine suspected Dengue cases have been reported in Kelantan this year. The state director of medical and health services says three cases were reported in January, three in February, one in May and two in June. Eight cases were in Kota Baharu and the other in Bachok. In Ipoh, four new cases of Dengue fever were reported in the past week. The acting director of medical and health services said that since 24 June the state has had seven cases of Dengue. [Kuala Lumpur Domestic Service in English 1130 GMT 1 Jul 82 BK]

CHOLERA FREE DISTRICT--Kudat District in Sabah has been declared cholera free. However, people in the district are advised to continue to observe stirct personal hygiene. A statement of the medical service department in Kota Kinabalu said six cholera cases were discovered in Sandakan last week. Treatment has been given to more than 1,500 persons in affected areas in the state. [Kuala Lumpur Domestic Service in English 1130 GMT 7 Jul 82 BK]

INCIDENCE OF DENGUE FEVER WORSENS--Kuala Lumpur, Friday (Bernama)--The incidence of Dengue fever and Dengu Memorrhagic fever in the country has worsened in the first half of this year compared to the same period last year. Outbreak of both diseases are now being reported every week especially in Selangor, Federal Territory, Perak, Penang, Negri Sembilan and Kelantan. Director of Health Services in the Health Ministry Datuk Dr Ezaddin Mohamed, who disclosed this today, said these cases had increased since April. Until June this year, 395 cases (24) Dengue fever cases and 154 Dengue Hemorrhagic fever resulting in 16 deaths were reported compared with 317 cases resulting in nine deaths during the same period last year. [Excerpt] [BK110939 Kuala Lumpur New Straits TIMES in English 3 Jul 82 p 10]

SABAH CHOLERA DEATH TOLL RISES--Kota Kinabalu (East Malaysia), June 18)--Cholera has claimed another two victims in Sabah, bringing the death toll to 10 since the outbreak two months ago, BERNAMA NEWS AGENCY reported, reports AFP. The latest victims were a pair of two-year-old Filipino twins, both boys. One died last Tuesday and the other on Wednesday at the hospital, a hospital spokesman said yesterday. He said they were accompanying their parents on a visit to Beaufort when they contracted the disease. Since the outbreak, 139 cholera cases have been discovered, including 14 last week. [Text] [Kathmandu THE RISING NEPAL in English 19 Jun 82 p 6]

CSO: 5400/5668

BRIEFS

DYSENTERY RAGES--The recent epidemic of dysentry in the Maldives still rages despite work by special medical units now stationed in Male and the surrounding Atolls that were affected. The situation assumed serious proportions in mid-June when there were more than 500 cases reported in Male itself. In two days (June 15-17) more than a thousand fresh cases were reported and a total of 44 atolls were affected in all, when the disease spread from atoll to atoll. Medical skill and drugs were scarce, and Sri Lanka came to the aid of her neighbour, sending doctors and medical supplies. The most affected areas were North and South Huvadu. Schools have been closed, and mass well-chlorination schemes are being carried out by volunteers. Arrangements are also being considered to send more than 250 Sri Lankans in Male, home, as a safety precaution, till health conditions improve. [Text] [Colombo DAILY NEWS in English 23 Jun 82 p 10]

CSO: 5400/5668

RISE IN INCIDENCE OF DISEASES NOTED

Kathmandu THE RISING NEPAL in English 6 Jul 82 pp 1, 6

[Text]

Kathmandu, July 5:

There has been an alarming rise in the incidence of jaundice, gastroenteritis, dyentry and typhoid among the children in Kathmandu Valley during the past few days.

This has been disclosed by the concerned doctors of the country's only children's hospital, the 50-bed Kanti Hospital in Kathmandu.

The doctors also said that the hospital was overcrowded with patients and they have had to improvise and convert store rooms and kitchens in to wards to carry out the necessary treatment.

A doctor told this reporter that the hospital did not have to handle so many cases in the past, Presently due to the shortage of beds, the children have had to be treated in improvised beds going to the extent of even keeping them on the floor.

The concerned doctors have requested parents to take their children to the hospital or to a doctor as soon as children show a loss of appetite, start vomitting or sit gaping vacantly.

Pointing out that many parents did not seek treatment either at the hospital or with a doctor even though the children had temperatures of 102 F thinking that nothing was wrong with them until they began vomitting, the doctor said this created difficulty in the treatment of the children.

The doctor is of the view that the spread of these diseases was due to drinking water.

He also said that German Measles was also the spreading among the children in the city.

CSO: 5400/5678

BRIEFS

GASTROENTERITIS REPORTED--Kavre, June 20--Gastroenteritis is reported to have claimed one life in Khopasi village panchayat in Kavre district, reports RSS. According to the quarters concerned, the number of gastroenteritis patients is gradually increasing at the local hospital. [Text] [Kathmandu THE RISING NEPAL in English 21 Jun 82 p 4]

CSO: 5400/5668

BRIEFS

RIVER BLINDNESS STATISTICS--A Medical Consultant to the Federal Capital Development Authority, Dr. Francis Ayodele, said in Suleja at the weekend that river blindness was not restricted to the federal capital territory alone. According to the consultant, research had so far shown that the disease was present in, at least 16 states of the federation. He told a group of visiting journalists that the disease had been erroneously associated with only the federal capital territory because the World Health Organisation had been using the area as a case study since 1956.

State	Percentage of population sampled	Percentage of sampled population infected with river blindness
Gongola	0.4	23.1
Bornu	0.3	20.0
Kano	0.1	18.4
Kaduna	0.4	16.8
Bauchi	1.6	8.8
Plateau	1.4	7.1
Niger	0.1	4.8
Federal Capital Territory (Abuja)	3.3	3.1
Benu	3.4	2.9

Source: Federal Ministry of Health
[Text] [Kaduna NEW NIGERIAN in English 22 Jun 82 p 1]

CSO: 5400/5677

ESSENTIAL, NONESSENTIAL DRUGS LIST SOON

Karachi MORNING NEWS in English 27 Jun 82 p 1

[Text] Islamabad, June 26: The Federal Health Ministry is to announce a list of essential and nonessential drugs shortly, PPI, reliably learnt here today.

Reliable, sources said that lately a committee of four persons had been constituted to classify the drugs into two distinct categories--"Essential" and "Nonessential".

Three members of the committee were drawn from the Federal Health Ministry and one member from the Teaching Faculty of Pharmacology.

The task before the Committee, it is believed, is essentially of a very delicate nature, particularly debatable borderline cases will pose a problem for the committee to draw a line of demarcation between "essential" and "nonessential" category.

The logic of relativity can render a "nonessential drug" to be a life-saving product in a given situation and vice-versa.

The move, it is learnt, is primarily directed towards curbing the imports of unnecessary drugs and medicines.

Importers naturally are watching the development with caution and vigilance. However, to safeguard their interests, many of them have completely stopped importing any fresh stocks of medicines.

It is observed that by and large a feeling of deprivation prevails amongst the community of importers. They are hit by the floating rupee on the one hand and on the other hand they feel any impending cut in imports, will lead to monopolistic tendencies amongst the local manufacturers.

Further, the importers vehemently maintain that the policy of curbing imports of drugs will also be against the national interest.

They forcefully argue that many drugs cost 100 to 1,000 per cent less if they are imported, instead of being locally manufactured.--PPI

CSO: 5400/5667

QINGHAI HOLDS MEETING ON ENDEMIC DISEASE PREVENTION

SK040829 Xining Qinghai Provincial Service in Mandarin 2330 GMT 2 Jul 82

[Excerpts] The provincial work conference on popularizing iodized salt to prevent endemic diseases such as goiter concluded in Xining on 30 June.

The conference held that our province has raised the iodized salt popularization rate to 60 percent, and 65,000 patients suffering from goiter have been cured. Some localities have basically prevented and kept goiter under control. However, the work of popularizing iodized salt to prevent and cure endemic diseases is very uneven. About 40 percent of the province's disease-stricken areas have not received any supplies of iodized salt. Most counties still consider the tasks of controlling goiter very arduous.

The participating comrades examined the work and patients' conditions in disease-stricken areas. They all felt that it is an important matter to prevent and cure goiter at an early date and it merits the attention of all. Efforts should be made to adopt effective measures to conduct comprehensive treatment while popularizing iodized salt in disease-stricken areas. All disease-stricken counties and cities must establish leading organs to prevent and cure goiter, mete out plans and implement all pertinent measures.

The conference held that the present situation of smuggling and selling smuggled raw salt is very serious, affecting the progress of iodized salt processing work. All localities must further strengthen the work on checking salt smuggling activities.

Ma Wanli, deputy secretary of the provincial CCP committee, and Yang Maojia, deputy governor, attended the conference.

CSO: 5400/4007

TRANSVAAL'S POLIO DEATH TOLL REACHES TWENTY-ONE

Johannesburg THE CITIZEN in English 15 Jul 82 p 5

[Article by Marilyn Cohen]

[Text]

THE polio outbreak in the Transvaal has claimed 21 lives so far and has left nearly 200 toddlers crippled.

Dr Howard Botha, chief director of health promotion of the Department of Health, said in a statement yesterday that this figure was the highest in seven years.

Most of the cases have occurred in Gazankulu. Hundreds of thousands of doses of polio vaccine have been rushed to the disease-ravaged areas in an all-out campaign to prevent its further spread.

Professor Barry Schoub, director of the Institute for Virology, said yesterday the amount of vaccine sent to the north-eastern Transvaal was "certainly enough to immunise most of the rural population".

He said his institute was coping with the demand for vaccine as city dwellers also queued daily for booster shots.

In Soweto, thousands of children with their mothers waited patiently yesterday for their turn to receive the life-saving drops.

Thirteen more cases of polio have been reported, bringing the total since the outbreak of the disease to 199.

Five of the latest cases are in the Carankuwa residential area near Pretoria. Others are in Johannesburg and Hoedspruit in the Eastern Transvaal.

Dr Botha said Letaba Hospital had most cases with 139 children admitted. Douglas Smit Hospital had 20 cases, Nkhensani Hospital 30 and Elim Hospital three.

The Secretary of Health and Social Welfare in Bophuthatswana, Mr J J Tlholoe, said his department had sent 30 000 doses of polio vaccine to the Odi district which includes Garenkuwa and Mabopane.

He appealed to parents to bring their children for immunisation. His department had also begun a series of talks on the radio to educate parents on health matters, he said.

"We are going to immunise every child in the district," he added.

Spokesmen at Mamelodi and Atteridgeville clinics said every baby born in those townships was immunised at three months.

Community health nurses were sent out daily to check on who had not brought their children to be vaccinated or to get booster doses.

Health authorities in Soweto are carrying out a similar campaign.

A spokesman at a Johannesburg central clinic said the clinic had been inundated with calls from parents and employers whose domestic staff had young children.

Health authorities have appealed to people whose children have been properly immunised not to bring their children in for unnecessary booster shots.

CSO: 5400/5682

REPORTAGE ON OUTBREAK OF POLIO

Witwatersrand Case

Johannesburg THE CITIZEN in English 10 Jul 82 p 2

[Article by Marily Cohen]

[Excerpts]

THE first case of polio has been reported on the Witwatersrand, and health authorities have appealed to parents to ensure that their children have been properly vaccinated against the disease.

A two-year-old Black boy from the Randburg area was admitted to Baragwanath Hospital this week and a hospital spokesman confirmed yesterday he was suffering from polio.

A serious outbreak of polio in Gazankulu and other areas in the Eastern Transvaal has claimed the lives of 19 children since April, most of them in the past month.

Another 130 children are currently being treated in the Letaba Hospital. Most of them have already been paralysed by the disease.

Nklesani Hospital is treating 27 children, the Douglas M Smit Hospital 15, and the Elim Hospital two.

According to Dr James Gilliland, deputy director-general of the Department of Health, about 80 percent of the South African population has been immunised against polio.

Figures released by the Department of Health and published in the South African Medical Journal reveal that polio has not been confined to the Transvaal this year.

Between January and the end of May, only eight cases were reported — one in the Eastern Cape, one in the Northern Cape, three in Natal and three in Bophuthatswana.

Several children in Gazankulu had already contracted polio before the end of May but these cases had apparently not been reported to the Department of Health by the time these figures were released.

Soweto Immunizations

Johannesburg SOWETAN in English 14 Jul 82 p 1

[Article by Len Kalane]

[Text]

THERE are about 2 000 children in Soweto who have not yet been immunised against polio and who are running the risk of being crippled for life if they do contract the disease.

Health authorities have deduced the figure from the number of births in 1981 in this huge complex. The Medical Officer of Health, Dr B Richards, said 21 000 births had been recorded in Soweto for the year 1981 but records showed that only 19 000 children had been fully immunised.

He said: "We have lost track of the other 2 000 kids."

The kids might still be around Soweto, or somewhere on the farms, he said. Authorities cannot account for the "lost" 2 000.

Now a plea has been sent out to mothers to check if their children have had all three polio "feeds". This, Dr Richards pointed out, would indicate that the child had been fully immunised. He said mothers could check on the polio "feedings" by referring to the immunisation card or the so-called "Road to Health" card.

He added: "Basically, there is no polio in Soweto. There is no risk that the polio epidemic will take hold and run through the people. The risk is only there if the child is not fully immunised."

Dr Richards said between 2 500 to 3 000 people had visited the Senaoane Clinic to check if the immunisation of their children had been fully carried out.

Most of the children who have passed through the clinic did so as a result of a house-to-house search in Chiawelo.

He said: "Chiawelo has strong links with Venda, the area of the present polio epidemic. It is for this reason that our attention is primarily focused on that area."

Dr Richards said the clinic, which was still very busy yesterday, had from last Friday found 405 kids who were incompletely immunised. Two hundred and thirty kids had not been immunised at all and, of these, 135 were from Venda.

Complacency Hit

Johannesburg THE CITIZEN in English 13 Jul 82 p 8

[Text]

PEOPLE had become complacent about polio because of the drop in the number of cases in recent years, Dr James Gilliland, deputy Director-General of Health, said yesterday.

He was commenting on the latest outbreak in the Transvaal which has maimed or killed more than 150 children.

At least two of these children have been admitted to the Garankuwa Hospital near Pretoria and according to unconfirmed reports, there are another four suspected polio cases at the hospital.

The official death toll from polio now stands at 13 — but this could be higher.

According to Dr Gilliland, 147 cases had been reported in Gazankulu, 14 in Lebowa, two at Garankuwa and one suspected case at Baragwanath Hospital in Soweto.

Dr Gilliland said the demand on the department's supply of polio vaccine had risen sharply in recent months and "a very successful campaign against polio has been waged in Gazanku-

lu and Venda.

"In Gazankulu, people reportedly resisted having their children immunized but now that they have seen what polio can do, they are coming forward," he said.

Although it was mandatory for all children to be vaccinated against polio before they were one year old, Dr Gilliland said people had become complacant about this.

Children most vulnerable to the disease, which if it does not kill, can paralyse arms and legs, are those between the ages of three and five.

"If people are not sure if their child has been properly immunized, they should ensure that he has a booster dose just to be on the safe side," Dr Gilliland said.

Immunizations in Pretoria, Johannesburg

Johannesburg THE CITIZEN in English 14 Jul 82 p 3

[Article by Marilyn Cohen and Keith Abendroth]

[Text]

QUEUES formed yesterday at immunisation centres in Pretoria and Johannesburg and doctors reported a massive demand for polio protection.

A Pretoria doctor said: "There is more than enough polio vaccine in stock and no need to panic. If a child has had the required number of doses there is no likelihood of his getting polio."

Dr JPA Venter, Pretoria's Medical Officer of Health, said the city had an adequate supply of vaccine in stock for use in outbreaks like the present one in the Transvaal.

Trace

In Johannesburg and Soweto an all-out effort is being made to trace children who have never been immunised or whose immunisation is not complete.

Dr I Richard, Johannesburg's Medical Officer of Health, told The Citizen that of the 3 000 children whose mothers had brought them to clinics to be checked, 405 had not been completely immunised (that is, they had not had four oral doses of the vaccine) and 230 had never been immunised at all.

If that did not succeed, the mother was visited again. These visits had a 50 percent success rate.

"If, in our check of the records, we now find any incomplete immunisation, we dispense with the letter and visit the mother immediately.

Message

"We are also using the Scholars' Health Committee to get the message through to high school children to check their families and friends," Dr Richard said.

He pointed out that it was mainly the Black population which was at risk. While most White children were properly immunised, it was estimated that nearly 2 000 Black children born in Soweto last year had never been immunised.

It was learned yesterday afternoon that 189 polio cases had so far been confirmed in the Transvaal — most of them in Gazankulu and with most hospital admissions being to the Letaba Hospital near Tzaneen.

Concern

A spokesman for the State Department of Health said there was concern about the outbrak and the mounting number of cases since the beginning of May.

We urged all parents to ensure that children

under the age of five were immunised against the disease. Immunisation was free and gave 100 percent protection.

A child should receive his first dose at three months and a further two doses thereafter at six-week intervals.

A further booster dose was necessary at 18 months to give complete protection. However a child over five and had had three doses could be considered "safe".

Teams

A house-to-house check is being carried out by seven teams of seven nurses in Chiwells, an area of Soweto where the aunt of the two-year-old child who was suspected of having polio lives.

"When we visited that house, we found two other children whose immunisation was not complete.

"We than decided to conduct a house-to-house check in the area as the population there is very fluid. We advise adults to take children to the clinics to be properly checked."

Yesterday, between 2 500 and 3 000 children and their mothers came to the clinics.

For the rest of Soweto, nursing sisters are currently checking immunisation records at clinics.

Dr Richard said every newborn child was visited and the mother was asked to bring the child to the clinic for immunisation.

If she did not go, a letter was sent to her. These letters had a 33 percent success rate.

CSO: 5400/5680

CHOLERA DESCRIBED AS 'BLACK MAN'S DISEASE'

Johannesburg SOWETAN in English 8 Jul 82 p 5

[Article by Stan Mhlongo]

[Text]

CHOLERA — unlike polio which is also affecting the white community, is primarily a black man's disease.

Institutionalised in qualities for blacks make them particularly prone to this disease said the Committee of Ten chairman, Dr Nthato Motlana, yesterday.

"Unfortunately, the use of resources that can curb this disease among our people is determined by the colour of the skin," he added.

Dr Motlana said cholera was a disease caused by deprivation, poverty, under-development, and a lack of hygienic water supplies and sanitation.

"This comes as a surprise, considering that this is a wealthy and a highly developed country," Motlana said.

"This disease is rife among the poor who also happen to be voteless and black."

"These people cannot influence the legislator to determine how the resources to prevent cholera may be used," said Dr Motlana.

Cholera started in Sahel, in North Africa, two decades ago and recent outbreaks have dramatised the fact that South Africa has inherited its share of the disease.

While still the Minister of Health, Dr Lapa Munnik said that South Africa was committed to the World Health Organisation's (WHO) ideal of piped water for everyone by the year 2 000.

He denied that apartheid was the cause of cholera and said that South Africa spent R800-million a year on health - three quarters of it on blacks.

Cholera has been known to appear in slums, homelands and in urban areas where there are large concentration of squatters living in temporary shelters.

Laws such as the migrant labour, control and resettlement laws for example, have helped spread this disease among our people since migrant labourers brought it into the country from Malawi and Mozambique.

According to WHO statistics, the number of cholera cases in Africa in 1979 was 18 966 - 27 percent less than the 23 317 cases reported in 1978.

Professor Margareth Isaacson, of the South African Institute of Medical Research in Johannesburg, said: "The mines are the best example of the efficasy of cholera control in a relatively unsophisticated community through adequate sanitation, clean water and health education."

The KwaZulu Minister of Health, Dr Dennis Medida, said: "It seems to be a black man's disease. It only affects blacks because of the impoverished conditions under which they are forced to live."

Transkei's Minister of Health, Dr Charles Bikitsha, shares the same sentiments: "I cannot help feeling that the sins of neglect and sheer downright stupid policy is what whites are reaping today."

CSO: 5400/5680

BRIEFS

THREE DIE OF POLIO--Three youths have died of polio and 16 more cases have been reported--within the last three days--bringing to 158 the number of cases treated since the outbreak of polio in the northeastern Transvaal three months ago. Mr N.A.P. Liebenberg, assistant secretary for health in Gazankulu, said the names of the dead youths would be withheld until their next-of-kin had been informed. [Text] [Johannesburg SOWETAN in English 8 Jul 82 p 3]

POLIO VICTIMS TRANSFERRED--Some of the polio cases being treated at the GaRankuwa Hospital near Pretoria were transferred from the northeastern Transvaal, a spokesman for the Department of Health said yesterday. The spokesman said that of the five confirmed cases in the area not all were from Bophuthatswana. He would not say how many were transferred from the GaZankulu and Leteba areas. The number of polio cases treated so far in the northeastern Transvaal areas has risen to 185. [Text] [Johannesburg SOWETAN in English 13 Jul 82 p 3]

CSO: 5400/5680

BRIEFS

POLIO IMMUNIZATION CAMPAIGN--The Immunization Programme mounted in the State recently to combat an outbreak of polio in Jamaica is progressing fairly well, reported the Chief Public Health Nurse Mrs Delaney. Nearly all the children of five years and under have been innoculated against the crippling disease and teams from the Public Health Department have been going around to schools, to ensure that the pupils and students have also been immunized. It is hoped that at a later stage the entire population will be covered. Other Caricom countries are taking similar precautionary measures. [Text] [Basseterre THE DEMOCRAT in English 19 Jun 82 p 11]

CSO: 5400/7567

BRIEFS

CHOLERA SPREADING--The number of cholera cases in the Dodoma region has risen to 26; there were only seven cases last Saturday. The first cholera case in this region was reported last November in the Mpwapwa District. Cholera then spread to the entire Dodoma region. [Dar es Salaam Domestic Service in Swahili 1300 GMT 10 Jul 82]

CSO: 5400/5676

LAB TESTS SHOW DANGEROUS BACTERIA IN SCHOOL MEALS

Port-of-Spain TRINIDAD GUARDIAN in English 12 Jun 82 p 3

[Text] Laboratory analysis of meals fed to school children in St George East by the School Feeding Programme in March this year has disclosed that in only three of 15 schools was the meal considered safe for human consumption.

Only the Curepe Anglican and Catholic schools received meals which found approval from the microbiologist in the Public Health Laboratory Mr Brajin Total-Maharaj.

Meals delivered to the Curepe Presbyterian, Arouca R.C., Five Rivers TIA, St Finbar RC, St Mary's RC, Spring Village and Tunapuna Hindu, Tunapuna RC, Tunapuna Government, Tunapuna EC and Tunapuna Presbyterian schools all had too much bacteria, or faecal coliform or staff aureus, or all three combined.

The shocking report was released to the media yesterday by Opposition Chief Whip in the House of Representatives Mr Nizam Mohammed. He failed to get the issue of public health in the school feeding programme debated.

Analysis

Entitled "Report on the Bacteriological Survey of School Meals, St George East, March 1982," it was presented by microbiologist B. Tota-Maharaj, Dr Ferdinand, Dr Pilgrim and Mr H. Leekin of the St George East Health Office.

The report explained that the laboratory analysis came about after a senior public health officer became alarmed and disgusted at the quality of school lunches being distributed.

He approached the Medical Officer of Health and the County Public Medical Officer of Health with a proposal for bacteriological and nutritional analysis of a meal from each school during a three week period.

The microbiologist at the Public Health Laboratory did the bacteriological analysis and the John Donaldson Technical Institute did the nutritional analysis.

In the bacterial section, analysis sought four things--the total bacteria count per gram of food, total coliform count, and the presence or absence of faecal coliforms and staphylococcus aureaus.

"Based on the bacteriological reports and the criteria set out it was found that 11 out of 14 samples did not comply with the standards. 78.5 percent of the samples analysed were found to be unsatisfactory for human consumption, concluded the report.

It noted that three samples had too much bacteria, too much coliform, plus faecal coliform and staphylococcus. Four samples failed three criteria, two failed two criteria and two failed one criteria.

All samples in which either faecal coliforms or staphylococcus were found were classified as unsatisfactory. Nine of the 14 samples had faecal coliforms and three of 14 samples had staphylococcus. All three with staphylococcus also had faecal coliforms.

The three cases were the Curepe Presbyterian School, St Finbar RC and Arouca RC/Five Rivers TIA samples.

Any food samples with over 100,000 bacteria per gram were classified as unsatisfactory, as were samples with total coliform counts over 1,000 per gram. The results showed that bacteria count varied from a low 400 per gram to a massive 10 million per gram with coliform counts ranging from one to 280,000 per gram.

According to the results of the report, total coliform count in the Curepe Catholic and Anglican schools was zero, as with the St Mary's AC and Spring Village Hindu schools.

But elsewhere it was a different story, with 38,000 coliform per gram in Tunapuna RC, spiralling up to 274,000 in the Coralita Lunch Shed and 280,000 for St Finbar RC.

"Samples with low bacteria counts either had very low coliform counts or no coliform at all with faecal coliform and staphylococcus absent. A high bacteria count was complimented with a high total coliform count and in three samples staphylococcus aureus present," the report stated.

Bacteria

It continued that the presence of faecal coliforms suggested that pathogenic bacteria such as salmonella, shigella, toxigenic E, coli and clostridium may have been present in the affected samples.

Looking at reasons why bacteria could grow to such alarming numbers the report noted that three conditions had to exist. The food must have been contaminated before or after packing, the correct temperature for bacteria growth must be present and time must be allowed for growth to take place.

Several reasons were suggested including keeping food at room temperature, storing food in large quantities in refrigerators, preparing food several hours or a day before serving, poor personal hygiene, and failure to clean and disinfect kitchen equipment.

Poor personal hygiene, cross contamination, obtaining food from unsafe sources and incorporating contaminated products into foods which are not subsequently cooked are also possible reasons.

CSO: 5400/7567

SPOILED FROZEN MEAT SEIZED

Dubayy KHALEEJ TIMES in English 2 Jul 82 p 1

[Article by Anton de Silva]

[Text]

A huge consignment of spoilt frozen meat was detected by the Dubai police on Wednesday night, while being unloaded from a ship berthed at Dubai's Hamriya port.

The Dubai Municipality yesterday undertook to destroy the 150 tons of frozen meat, declared unfit for human consumption, while the Dubai police sealed off two cold storage facilities belonging to the importer.

Experts from the Dubai police laboratory were called in yesterday afternoon to check the two cold stores, as it is believed that some meat unloaded from the spoilt consignment is stored there.

"The meat was detected quite by accident", a spokesman for police headquarters said. A policeman on duty at Hamriya port on Wednesday night, got the stench of rotting meat while he was passing by.

On suspicion, he informed the police and the municipal authorities about the cargo on board. Yesterday morning the authorities boarded the vessel and found the rotting meat.

The captain of the vessel told the police that the meat was loaded from an Indian port. Under normal weather conditions, the ship would have reached Dubai in four days. But on the high seas the ship confronted adverse weather and it took eight days to reach destination, the captain said.

Also, sea water speeded into the vessel and the freezers were affected, he said. That was how the meat was spoilt.

On investigation police found that the vessel also carried a consignment of Indian mangoes. When the ships arrived the importers declared only the consignment of mangoes to the health authorities and sought permission to clear it.

However, police claimed that under cover of darkness, the consignee cleared part of the meat, too. It was at this stage that the policeman on patrol duty got wind of the rotten meat and informed the authorities.

Questioned by the police as to why spoilt meat was unloaded, the consignee is believed to have admitted that he was aware that part of the meat was spoilt, and that he only unloaded the unspoilt meat.

The vessel has been placed under police arrest and investigations are continuing.

CSO: 5400/4732

VACCINATIONS URGED TO STOP SPREAD OF INFANTILE PARALYSIS

Hanoi HANOI MOI in Vietnamese 27 Apr 82 p 2

[Article by Dr. Xuan Ha: "The Administration of Oral Infantile Paralysis Vaccinations Must Be Organized"]

[Text] Recently, in late March, in order to exterminate infantile paralysis, the public health sector administered oral infantile paralysis vaccinations to children from the ages of newborn to 6 years of age.

Within 1 week, all units completed the main phase of these oral vaccinations.

Recently, between 12 and 17 April, the epidemic prevention hygiene station organized six inspection groups consisting of 12 physicians and doctors to conduct detailed inspections. The inspection of 34 units, consisting of subwards, villages, agencies and enterprises, showed:

--Three units have not administered oral infantile paralysis vaccinations to children: the "Dan" Nylon Enterprise in Tu Liem, Tien Bo Printing House in Ba Dinh and Tu Lap Village in Me Linh District.

--Two units administered insufficient dosages (only one drop per child): the Lien Co Child Care Center and Tan Lap Village in Dan Phuong District.

--At four units, the percentage of children who have been vaccinated is still low, such as the Wool Rug Enterprise and the Banking Academy in Dong Da District, which vaccinated 50-55 percent of their children; Hong Ky Village and Tan Minh Village in Soc Son did not register the children who were to be vaccinated and when the vaccine arrived, they only administered it to the children in the school and child care center; children at home with their families were overlooked.

At present, seven cases of clinical infantile paralysis have appeared in the city. In order to extinguish infantile paralysis once it has appeared and prevent its spread to another child, it is necessary to continue our efforts and perform the following jobs:

1. The public health facilities must inspect all units administering the oral vaccine to specifically determine how many children have not been vaccinated and to adopt plans for administering primary vaccinations and supplemental vaccinations.

2. Plans must be immediately organized for administering supplemental vaccinations to insure that all children who are to be vaccinated against infantile paralysis are vaccinated between now and 10 May.

3. Beginning in May, all maternity clinics from the municipality to the precincts, districts and cities must vaccinate all newborns against infantile paralysis. Because, the municipality only conducts one main oral vaccination campaign per year. Recently, two children less than 1 year of age contracted infantile paralysis (6 month old Hoang Thi Th. in Dan Phuong and 10 month old Duong Quang H. in Dong Da). Neither of these children received the oral infantile paralysis vaccine at the maternity clinic.

4. The subwards and villages in which children now have infantile paralysis must administer oral vaccinations to 100 percent of their children.

7809
CSO: 5400/5646

HA NAM NINH LAUDED FOR PUBLIC HEALTH WORK

Hanoi NHAN DAN in Vietnamese 17 Jun 82 pp 3, 4

[Article by Dr Du Quang Tam of the Ministry of Public Health: "Ha Nam Ninh Province Leads the Way in Public Health Work"]

[Text] The Ha Nam Ninh public health sector, which had the honor of receiving the circulating flag of the Council of Ministers and the scroll of the Provincial People's Committee for outstanding accomplishments in 1981, is giving rise to a seething emulation spirit from the provincial level down to the base level.

Creating a rich source of medicine:

In 1981, of 426 villages 384 did a a good job of growing and using native medicines. Native medicines are developed extensively in all four sectors: cooperatives, public health clinics, schools, and families. Many hospitals, specialized clinics, and other directly dependent public health units also have their own medicinal plant gardens.

In addition to hundreds of ordinary medicinal plants, such valuable types as "xuyen quy," "nguu tat," and "hac huong" are grown extensively in the districts, especially in Ly Nhan, Hai Hau, Y Yen, Vu Ban, Binh Luc, Kim Son, Duy Tien, Nam Ninh, etc. All of the district drug stores compound native medicines. Seven main medicines are mass-produced to treat three groups of diseases: fevers, intestinal disorders, and infections. Nearly all of the villages have elements which specialize in purchasing medicine and in processing medicine from crude pharmaceutical materials to supply to the people and to cooperative members. On the average, each person in the province uses 180 grams of pharmaceuticals a year, 30 grams more than the norm set by the Ministry of Public Health. In Ly Nhan District, the average is 506 grams, in Y Yen District the average is 270 grams, in Hai Hau the average is 260 grams, and in Vu Ban District the average is 250 grams. The province's pharmaceutical enterprise combine attained 169 percent of its plan norm for requisition-purchasing and 100 percent of its plan norm for producing finished products.

Those great efforts have helped Ha Nam Ninh to overcome its difficulties regarding sources of medicines and to meet the needs of a province with 2.6 million people in cities and rural areas.

Accomplishments in treating patients:

Last year, 1,200 people were hospitalized, more than 160,000 inpatients were cured, and 3.2 million people were examined and treated as outpatients. That proved the all-out spirit of the treatment installations despite the lack of hospital beds, increased food costs, and the supplying of very small quantities of such service facilities as coal and firewood, blankets and mats, soap, etc. The eyesight of more than 360 blind people was restored through operations. Thousands of people with dangerous diseases were cured. Many people with ileus promptly underwent emergency operations and the death rate was greatly reduced. Some 80 percent of the cadres and civil servants in the province were examined and health files were established for them. The districts of Nam Ninh, Binh Luc, and Duy Tien organized health management at the cooperative family level. The province urgently treated people for a number of widespread social diseases. More than 110,000 blood samples were examined for malaria parasites. The ratio of trachoma cases in the province declined by 18 percent in comparison to 1976. In the part, 3 percent of the people had tuberculosis, but now the ratio is only 2 percent, and in Duy Tien District the ratio is only 1 percent. Outpatient methods of treating the disease are being applied widely among the people.

The provincial and district hospitals have native medicine departments which have the confidence of the masses and people, and 260 practitioners are using their specialized capabilities at the base level. The provincial native medicine hospital cured 1,700 people who had chronic liver diseases, stomach ulcers, internal hemorrhoids, external hemorrhoids, migraine headaches, asthma, etc., and trained 200 public health cadres to give physical examinations and treat diseases by the use of native medicines and acupuncture.

A reliable public health network:

Nineteen districts and cities have public health-physical education and sports sections, hospitals, disease prevention and anti-malaria sanitation units, and drug stores. They and the 426 village public health clinics are operating well. The provincial hospitals, pharmaceutical enterprise combines, and specialized clinics have brought into play the function of the upper echelon and help the Public Health Service effectively guide every medical and pharmaceutical task.

During the past year, 15 districts were recognized as "outstanding" with regard to native medicines, 8 districts were recognized as "outstanding" with regard to perfecting public health organization, and 3 districts were "outstanding" with regard to health management. In the course of an investigation and categorization, 14 drug stores, 13 anti-malaria sanitation units, 8 hospitals, and 6 specialized clinics attained "fair" and "good" standards.

The province has 560 doctors, an average of one for every 4,640 people. Each village public health clinic has at least two service personnel. Two hundred college-trained pharmacists, an important force, specialize in pharmaceutical work. Thousands of cadres of the various kinds, including mid-level medical and pharmaceutical cadres, skilled technical personnel, and skilled midwives, are good sources of sources of support for all of the sector's specialized activities.

Carrying out President Ho's teaching that "doctors are like kind mothers," many public health cadres give all-out service day and night beside hospital beds and in laboratories, work diligently in compounding medicines, carrying out research projects, etc. The heads of many units have set a good example with their attitude toward service and their labor discipline.

This year, Ha Nam Ninh is determined to continue to rapidly increase the number of outstanding districts in all regards, including the development of tens of thousands of sanitation works, the good implementation of scheduled inoculations to contribute to cleaning up the environment and restricting epidemics, and organizing the installation of IUDs in 30,000 women in order to achieve a population growth rate of 1.5 percent in seven districts and the city of Ninh Binh. By the end of 1982, four districts -- Binh Luc, Duy Tien, Ly Nhan, and Nam Ninh -- will attain the five "definitive tasks," and 19 localities -- 100 percent of the districts and cities -- will fulfill the requirements regarding the growing and use of native medicines.

The treatment installations must compare and review their regulations and responsibilities, avoid rejecting patients, create a good relationship between the medical personnel and the patients undergoing treatment, avoid inconveniencing cadres and people who come in for examinations, and strive to enable 100 percent of the units to attain rational, safe standards with regard to medicines.

5616
CSO: 5400/5664

BRIEFS

MALARIA TREATED--The malarial parasite team has conducted an investigation in Ba Vi District of old and new pockets of malaria and examined the malaria sufferers now being managed. Twenty-six physicians, doctors and technical cadres worked 8 days in 7 villages: Minh Quang, Ba Vi, Ba Trai, Tan Linh, Van Hoa, Yen Bai and Khanh Thuong. Coordinating with the public health network of the various localities, the team discovered eight species of mosquitoes that carry malaria, took blood samples from 2,050 persons, treated 1,350 persons and examined 145 former patients; the team took with it 12 sprayers and, together with the 30 sprayers of cooperatives, sprayed mosquitoes over a large area, with particular attention to Minh Quang and Ba Vi Villages, which have many malarial parasites. [Text] [Hanoi HANOI MOI in Vietnamese 20 Apr 82 p 2] 7809

CSO: 5400/5646

DEADLINE FOR DRIVE AGAINST DISEASE SET FOR 1990

Harare THE HERALD in English 6 Jul 82 p 5

[Text]

ALL Zimbabwean children under the age of one will be immunised against five major diseases by the end of the decade, the Minister of Health, Dr O l i v e r Munyaradzi, said yesterday.

Dr Munyaradzi's statement was read for him by the Deputy Minister of Health, Dr Edward Pswarayi, at the opening of a workshop of the Zimbabwe Expanded Programme on Immunisation (ZEPI).

The workshop, which will provide the first logistics and cold chain course for ZEPI, has been organised with the collaboration of the World Health Organisation, the Swedish International Development Agency, the UN Children's Fund and the Save the Children Fund. It will close on Saturday.

Dr Munyaradzi said ZEPI was off to a good start. Cold chain equipment, vaccine and vehicle needs had been decided and some of the material had been distributed to many health units throughout the country.

A Ministry of Health evaluation of fully-immunised children between the ages of 12 and 23 months old recently showed the percentages to be: National (rural areas), 25 percent; Chitungwiza, 35 percent; Harare, 47 percent and Bulawayo, 60 percent.

The effort to train health professionals at provincial and district levels had proved successful.

At provincial level there were almost 300 trained health professionals and almost 3 000 at district level at the end of May.

The national manager of ZEPI, Dr Vengesayi Jaravaza, who is also chairing the workshop, said that the logistics and cold chain course had been made possible through the support received from the WHO.

The course would cover child health and family-spacing logistics and repairs of paraffin and gas refrigerators used in the rural areas.

One of the most important aspects of the course was to master the methods of maintaining medicines in a potent state, from the manufacturer to the child.

Dr Francois Gasse, attached to the WHO immunisation programme said the workshop would try to find a better approach to primary health care and logistics.

The week-long workshop is being financed by the Save the Children Fund.

CSO: 5400/5680

ZINC TREATMENTS PROTECT STOCK AGAINST FACIAL ECZEMA

Auckland THE NEW ZEALAND HERALD in English 16 Jun 82 p 2

[Text]

Hamilton

The fight against facial eczema, a disease which costs New Zealand millions of dollars in lost farm production, has taken two more important practical steps forward.

Scientists at the Ruakura farmers conference yesterday reported considerable success with two further methods of administering zinc as a preventive measure against the disease.

More than 1000 farmers filled the Farmers' Hall at Ruakura to hear the news.

The methods involve either spraying pasture with zinc oxide or placing zinc sulphate in water troughs.

Although zinc has been previously shown to give useful protection to stock-grazing pasture with toxic levels of facial eczema spores, scientists have not until now gone further than approving labour-intensive individual dosing of each animal.

Dr K. E. Jury, director of the Ruakura Animal Research Station, said yesterday that such dosing was not particularly practical for sheep and beef farms.

This summer a Ruakura scientist, Dr Neale Towers, once a week, grazed 13 cows on zinc oxide-sprayed pasture.

For the rest of the time these cows and a "control" group for comparison grazed the most facial eczema-toxic pasture available.

Dr Jury said only four of the 13 cows suffered any facial eczema liver damage and this damage was minor.

In contrast, nine of the 13 cows in the control group were affected — six moderately to severely. Two of these animals had to be destroyed.

"Pasture spraying would thus appear to be a viable alternative, although there are some uncertainties in arriving at appropriate spraying rates," Dr Jury said.

"This procedure would appear to be better suited to protecting sheep and beef cattle rather than dairy cattle, where there are viable alternatives."

In reassessing the potential of a water trough zinc treatment, Dr Jury said the trial involved had, on the face of it, given very spectacular results.

The trial, just finished, examined the protection afforded dairy cows in milk by adding zinc sulphate to their water supply.

Exposed to facial eczema toxin, none of the cows with access to the treated water suffered liver damage.

The dose rate was maintained at 0.35 gram of elemental zinc to each litre of water.

Dr Jury said previous work had suggested two factors militating against water trough treatments.

First was the wide variation, up to four-fold, between water intakes of animals, and second was the drastic fall in animal water intake that followed rain — the very condition that triggered the onset of a facial eczema danger period.

CSO: 5400/9087

BRIEFS

STRAY ANIMALS SAID DANGEROUS--While diligent, health-conscious and animal-loving Nigerians have no doubt got their willing dogs and reluctant cats vaccinated against rabies, it would appear to me that the efforts in no way significantly decrease the danger of rabies in the country for the following reasons. Practically, all our hotels, hospitals, derelict buildings and streets are populated with fast breeding semi-wild cats, and stray dogs. I won't even mention the other warm-blooded animals. If there is an outbreak of rabies, these animals will be the first to get it, and disseminate it during their frequent fights and social contacts. Have they really escaped the attention of the campaign planners? I have not heard of any town where they were taken into account. In any serious anti-rabies campaign, these animals must either be eliminated or a permanent team of officials will go round catching, vaccinating and marking them on a yearly basis at considerable cost in manpower and materials. Kaduna. [Letter by S. K. Gyoh] [Text] [Kaduna NEW NIGERIAN in English 17 Jun 82 p 4]

CSO: 5400/5677

COOPERATIVE VETERINARY MEDICINE NETWORK DETAILED

Hanoi NHAN DAN in Vietnamese 14 Jun 82 p 2

[Article: "Organization and Activities of the Veterinary Medicine Network in the Agricultural Cooperatives and Production Collectives"]

[Text] Recently the Ministry of Agriculture issued a decision promulgating temporary regulations regarding the organization and activities of the veterinary medicine network in the agricultural cooperatives and production collectives. Those regulations are intended to unify the organization, missions, table of organization, and labor compensation system of the base-level veterinary medicine network and the responsibilities and rights of people who raise livestock.

The veterinary medicine stations of the agricultural cooperatives are the basic echelon of the state veterinary medicine system and are technical organs in the managerial apparatus of the cooperatives and organizations which the people and cooperatives help build. The stations are responsible for carrying out the rules and regulations regarding veterinary medicine and the technical measures in the sphere of the cooperative, in order to prevent and fight diseases among livestock and poultry, increase stock raising productivity, etc. The veterinary medicine stations of agricultural cooperatives are under the direct, all-round leadership of the cooperative management boards and are under the legal guidance of the village People's Committee and the specialized guidance of the district veterinary medicine stations. The cooperative veterinary medicine stations are responsible for technical and technical management measures in the veterinary medicine work of the cooperatives and for coordinating with the livestock raising sections in monitoring rate of development of livestock and poultry.

The veterinary medicine stations have many specialized veterinary medicine cadres. One veterinary medicine cadre can serve from 500 to 700 livestock protection units. A meat hog is one livestock protection unit, a sow or a breeding boar is two units, a water buffalo or oxen is 1.5 units, 100 head of poultry constitute a unit, etc. The cooperatives also have unspecialized veterinary medicine networks in each family group and production unit. Each person in the veterinary medicine network is responsible for 10 to 15 families, or are mobilized depending on the volume of work contracted out.

The cooperative veterinary medicine station has a station chief (a mid-level veterinary medicine cadre or higher) and many veterinary medicine aides. The full-time veterinary medicine cadres are paid by the cooperative in terms of work points based on the cooperative's distribution of income, and includes a basic salary and allowances depending on grade and senoirity. The basic salary of the station chief is equal to 85 to 90 percent of that of the cooperative director, and the salary of a veterinary medicine aide is equal to 70 to 75 percent of that of the cooperative director. Veterinary medicine college graduates receive an additional 10 percent, and mid-level veterinary medicine livestock cadres an additional 5 percent, of the average income of a regular worker of the cooperative. An additional 5 percent is earned for the fifth year of service, followed by a 1 percent annual increase thereafter, to the maximum of 20 percent of the income of a regular cooperative worker. People who are engaged full-time in veterinary medicine work also have monetary incomes received from livestock raisers when they carry out such complicated specialized tasks as giving inoculations, treating livestock, etc. Part-time participants in the veterinary medicine network are reimbursed by the cooperative in work points based on the distribution of income according to the contracted-out volume and the specific amount of work they have done.

Full-time and part-time veterianary medicine cadres who fulfill the missions assigned them, do a good job of preventing and eliminating diseases, and propose initiatives to improve techniques, save labor, and reduce costs will be rewarded. If they do not fulfill the missions assigned them, are irresponsible, or cause the annual death rate of livestock and poultry to increase, will be punished. The degrees of rewards and punishments are specifically stipulated.

The material-technical bases of the cooperative veterinary medicine station include materials, veterinary medicines, and the other vocational facilities, offices, and livestock slaughter houses if the cooperative slaughters livestock.

People raising livestock must fully meet the specialized requirements set by the cooperative veterinary medicine station, ensure the sanitation of pens and stables, create favorable working conditions for the specialized cadres, and contribute to building the stations according to stipulations. People who raise livestock have the right to inoculations, examinations, and treatment for their livestock. When livestock die from diseases against which they had been inoculated, the cooperative considers their owners for reduction of or exemption from food obligations.

5616
CSO: 5400/5664

BRIEFS

SCAB ATTACKS PEAR TREES--There is hope of eradicating the disease which destroyed Pear crops in Nuwara Eliya for the past four years without even the trees flowering. The Netherlands team working under the Nuwara Eliya District Integrated Development programme has come forward to help the pear growers to eradicate this fungus called the 'Scab.' According to a recent survey done by the IRDP and the officers of the Department of Agriculture, nearly a thousand acres of Pear cultivation in the Nuwara Eliya district has been affected by this disease, thus incurring a loss of twenty-five million rupees annually among the pear growers. [Text] [Colombo THE ISLAND in English 21 Jun 82 p 2]

CSO: 5400/5668

CO-OPS INSTRUCTED IN VEGETABLE PEST CONTROL

Hanoi HANOI MOI in Vietnamese 27 Apr 82 p 1

[Article: "The Vegetable Pest Situation"]

[Text] At present, spinach is being propagated at a rapid rate and some plantings are being harvested. The recent weather has been favorable for the good growth and development of spinach.

According to an investigation conducted by the city crop protection station, the vegetable pest situation is as follows:

1) Gray leafhoppers are causing damage to spinach at the Linh Nam and Tran Phu Cooperatives in Thanh Tri and at a number of other places; the density at these places is 100 to 200 insects per square meter. With such a density at the start of the season, it is possible that gray leafhoppers will develop strongly from May onward, thereby seriously affecting the growth of spinach.

2) Cutworms have appeared at a density of 2.5-3 insects per square meter. This pest will develop strongly from late May onward, the period during which spinach is growing well.

3) Bean pod borers are also causing damage to "chach" beans and Yunnan beans and there is the possibility of this pest causing serious damage to asparagus beans. Therefore, cooperatives must give their attention to the following:

a) Inspecting and assessing the pest situation and taking prompt steps to prevent and control pests, with particular attention given to the gray leafhoppers damaging spinach.

b) On fields that have been damaged by gray leafhoppers, it is necessary to immediately exterminate this pest by using "vo-pha-toc" [Vietnamese phonetics] in a concentration of 1/1,000-2/1,000, 50 percent emulsified "ba-su-din" [Vietnamese phonetics] in a concentration of 1/1,000 or me-ta-phot" [Vietnamese phonetics] in a concentration of 1/300.

Spray 30 liters of prepared pesticide per sao, with attention to spraying from the outside of the plant toward the inside of the plant. At places where there is effective control of water, vegetable fields can be inundated so that the pests can be exterminated on the surface of the water. Do not use 666 or emulsified DDT to control pests on vegetables.

c) Bean pod borers should be exterminated by using vo-pha-toc and dip-te-rech /Vietnamese phonetics/ applied in the correct concentration with a correct interval between applications to insure the safety of crops.

7809
CSO: 5400/5646

APPEARANCE OF PLANTHOPPERS THREATENS RICE CROPS

Hanoi HANOI MOI in Vietnamese 16 May 82 p 1

[Article: "Brown Planthoppers Appear in High Densities, Prompt Steps Must Be Taken To Exterminate Them"]

[Text] At present, a number of pockets of brown planthoppers have appeared in the districts of Hoai Duc and Thanh Tri; the pest is in high densities, 2,000-4,000 pests per square meter, on main plantings of 313, 424 and early NN8 rice that has headed. Now, and in the immediate future, main spring rice is heading and the weather is very suitable for brown planthoppers to develop and cause harm. If immediate steps are not taken to regularly and thoroughly inspect fields, promptly detect pockets of planthoppers and isolate and exterminate them, main crop plantings of NN8 rice can easily be partially burned by planthoppers.

Therefore, it is suggested that cooperatives:

--Routinely and thoroughly inspect their fields between now and the end of the season, promptly find pockets of planthoppers and isolate and exterminate them by every means possible in order to prevent them from becoming widespread and causing planthopper burn. Attention must be given to carefully inspecting varieties that are susceptible to planthoppers.

--Besides brown planthoppers, attention must be given to looking for rice blast, silver leaf disease, small leaf rollers, two-spotted stem borers and rice bugs (hilly areas) and taking steps to control them.

--At present, some cooperatives do not have units specializing in crop protection and still distribute pesticides to cooperative members; it is suggested that the districts quickly strengthen these units.

7809
CSO: 5400/5646

BRIEFS

HAI HUNG HARMFUL INSECTS--More than 30 percent of cotton growing areas in Hai Hung Province have been ravaged by Harmful insects, mostly small cotton measuring worms. In Chau Giang District alone more than 2,500 hectares or almost 70 percent of its cotton acreage were damaged by the insects. The province is mobilizing manpower and equipment to eliminate these worms. [Hanoi Domestic Service in Vietnamese 1430 GMT 1 Jul 82 BK]

CSO: 5400/5675

END